Medical Bill Repayments and the Elderly

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Abstract

This research document looks at different strategies to reduce anxiety that medical repayments often cause to the elderly when they are faced with major medical events. When a medical event takes place, reams of paperwork must be processed for reimbursement; bills arrive from the hospital, radiologist, anesthesiologist, medical specialist, ER attending physician and others. Many times it is the patient who is overwhelmed with the details of processing information. The purpose of this research is to determine if there is a viable option to reduce this anxiety caused from the billing paperwork. A survey of sixteen questions was presented to nineteen vendors in the medical sector. The compiled data was combined with information researched from the literature sources noted. For this research paper, a hypothetical business has been created using the name Medical Bill Assistance Service (MBAS).

Table of Contents

Statement of the P	Problem	1
Literature Review	······································	3
Survey Methodolo	ogy	8
Data Analysis		10
Table 1:	Preferred Location of Service	10
	Potential Clients Usage for Group A	
Table 2B:	Potential Clients Usage for Group B	11
Table 3A:	Payment Comparison for Group A	12
	Payment Comparison for Group B	
	Fee for Convenience for Group A	
	Fee for Convenience for Group B	
Table 5:	Potential Hourly Fee	
Table 6:	Flat Fee for Major Medical Event	
Table 7:	Monthly Retainer Fee	
Table 8:	Discounted Annual Retainer	
Table 9:	Is Service Already Available?	
Table 10:	Should the MBAS be Regulated?	
Recommendation	and Conclusion	19
Table 11:	Is it Beneficial?	19
	Future Need for Baby Boomers	
References		22
Appendix A: Rese	earch Survey	iii

Statement of the Problem

When a loved one experiences a medical emergency or major medical event, the illness and treatment itself is traumatic. As the patient arrives home from the hospital or care facility, the mailbox overflows with bills from the medical facility, the surgeon, the anesthesiologist, the radiologist, the ER facility, the ER attending physician, as well as separate billings from labs and medical supply vendors. Each original billing lists charges incurred at a particular facility. Usually at the bottom of the billing statement is stated that the provider's office has billed the insurance company as a courtesy, but the patient is ultimately responsible for the payment of the charges. As the patient or family member reviews the outstanding amounts due on each document so begins the anxiety; will insurance cover that particular bill and if so how much? Also, is the concern of the accurate processing of the claims to supplemental insurance companies involved. Senior citizens now are losing millions of dollars a year by not filing medical claims (Quinn, 1991). Physicians are required by law to enter the Medicare claim, but it is up to the patient to find any Medicare errors, as well as collect on private insurance. Insurance programs are continually changing. The majority of employers offer family insurance as a benefit; however, due to the rising costs of healthcare coverage, employers change insurance carriers on a regular basis. In 2005, employers experienced an average 10% increase in their out of pocket benefit costs per employee for healthcare coverage ("The Solution", 2005). Overall, companies spend approximately \$7,289 per employee for family coverage on an annual basis and \$3,137 for single coverage. Yet, 53% of the employees aged 51 to 60, and 56% employed aged 61 to 69, don't understand which employer benefit plan best fits their family needs ("Workers Clueless", 2005). The employee may have just figured out their insurance provider's way of processing claims, only to discover the plan has changed again. This ongoing change process is confusing even for the non-senior consumer. When this change process happens to the older

person, the frustration and anxiety in dealing with the insurance companies and medical bill repayments can be almost as debilitating as the illness or surgery itself (Walker, 2005). When an insured is told by their insurance carrier that they spent too much time in rehabilitation or is refused coverage due to improper filing of referrals, there are options other than accepting their denial, but one needs presence of mind to stand up for oneself (Hatch, 2005). At that point in time, the patient may not have the energy to explore other avenues to fight the insurance companies. The patient's total amount of out of pocket expense could then be much more than necessary.

This research offers some solutions for the elderly regarding the situation. The data establishes a need for a medical billing service as well as the suggested amount of monetary compensation to be billed for services rendered as an hourly, monthly, or annual retainer. Depending upon the results, the survey shows if this strategy is appropriate for the current selected population and if this type of service would be beneficial for the aging baby boomer generation.

Literature Review

In 2011, the first baby boomer will be 65 and eligible for Medicare along with the other 77 million boomers who will be retiring (Taylor, 2006) and will live an average of 18 more years (Benko, 2005). The label of "baby boomer" applies to any person born after the end of World War II, 1946, up to 1964. The average health insurance consumer assumes the learning process of their coverage, how to handle claims and payment, and when and if the time comes for Medicare insurance (Bern-Klug, 2004b). Employees who work beyond the age of 65 need to learn the specific rules and regulations regarding Medicare coverage and the employer provided health benefit. Medicare, a federal government program, is available for people 65 and older or persons of any age with certain disabilities. The rules for Medicare coverage change on a regular basis and the cost of Medicare B to the patient can increase every January. Medicare does not cover everything, thus the offering of "Medigap" insurance by many private insurance companies. The Medicare program celebrated its 40th birthday on July 30, 2005 (Fong. 2005) and it is spending more than \$300 billion annually from a trust fund that is projected to go bankrupt in 2019. The federal government has slated a 4.3% decrease to the physicians' Medicare reimbursements for this year. This creates the concern for the elderly that some physicians will no longer participate in the program. Medicaid, also known as Title 19, is the federal medical insurance program for people with

limited assets and low incomes. Again, there are many rules and regulations to receive state and federal benefits from Medicaid (Bern-Klug, 2004b). The continual change in coverage adds to the stress of the patient seeking medical attention. Medicaid funds come from federal and state governments with the states dictating which services are covered. Depending upon the state in which an individual resides, to qualify for Medicaid, assets must be as little as \$1,000 to no more than \$3,000 to qualify for benefits. If the person is married, that dollar amount in assets can

increase to \$60,000, not including their home (Bern-Klug, 2004b). A patient may also become eligible for Medicaid if the medical expenses they incur total more than their income. A portion of their income will still go towards the Medicaid covered costs of care. It is possible to qualify for Medicare, Medicaid, and Medigap at the same time as each program covers different healthcare costs. Because the Medicaid rules change on a regular basis from state to state, the patient needs to keep apprised of their benefits.

There are programs that are created to provide information and various services to the older generation in almost every community in America (Bern-Klug, 2004a). The government provides a toll free phone number, called the "Eldercare Locator," through the National Network of Aging Services. This Network program assists seven million 60 and older adults and 325,000 caregivers (Administration on Aging, 2005a). Many programs providing senior assistance are available; including rides, hot meal delivery, adult day care, as well as social activities. Visiting a local community senior center would be an excellent beginning to tap into established resources for the elderly (Area Agency on Aging, 2006). The Older Americans Act of 1965 was designed to protect the health and well-being of our nation's older population (Administration on Aging, 2005b), but help for the elderly is available ONLY IF one knows how and where to find At this time there are a number of individual and government organizations accessible to seniors and their families to address healthcare coverage issues. Healthcare Advocates, a Philadelphia company, currently has several programs available for a fee, and will help resolve consumer disputes with their healthcare providers as well as their insurance companies (www.healthcareadvocates.com). Their services are available nationwide. The Center for Consumer Health Choices at Consumers Union (http://www.ConsumersUnion.org./health/hmoreview) offer recommendations regarding disputes with insurers on claim coverage, as well as

the Kaiser Family Foundation website (<u>www.kff.org</u>). The average consumer is not aware that they are able to challenge a denial of a claim, or a refusal to refer to a specialist not in their network.

The Choice Guide has a listing for Mobile Services Directory for the Puget Sound Area. A billing service company is listed to provide assistance with medical bills, insurance claims, and billing that travels to the client. Their website also offers a wealth of information through their free databases to the consumer who is Internet savvy (www.choiceadvisory.com).

Every state offers a "State Health Insurance Assistance Program". In the state of Washington, it is the Statewide Health Insurance Benefits Advisors, (SHIBA). Trained SHIBA and Senior Rights Assistance Volunteers travel to senior centers on a regular scheduled basis offering free assistance with any issue related to Medicare, Medicare Supplements and Long-Term Care Insurance. Their service also provides help with the filing of medical insurance claims for any one in the community regardless of their age.

(http://www.insurance.wa.gov/consumers/SHIBA_HelpLine/dirdefault.asp) The only downside to free assistance is that the volunteer is scheduled to come only once a week to the facility. Their website also provides links to other social service agencies.

Overlake Hospital Senior Care in Bellevue, WA, has put together a booklet of local "In –Home Resources for Homebound People on the Eastside". Listed are two bill paying services that provide help with bill paying and organizing finances. A third business also offers help with medical claims and arranging other services (Overlake Hospital Senior Care, 2005).

A trend is developing in concierge or boutique medicine since the 1990's and has become an established niche for the affluent with a renewal rate of more than 90% (Allen, 2005). A preestablished fee or retainer ranges from \$1,500 to \$20,000 per year dependant upon the services

offered (Pallay, MD, 2004). Dr. Howard Maron, Seattle internist, formerly team physician for the Seattle Supersonics basketball team, along with partner, I. Scott Hall, FACP, opened MD2 in Seattle in 1996 as a retainer practice. The Lewis and John Dare Center, concierge medicine program at Virginia Mason Medical Center in Seattle, is also a retainer practice facility. Seattle Medical Associates offers discounts on an individual basis for those patients wanting to participate but are financially unable to do so (Hoffman, 2001). Over 250 physicians nationwide have chosen the convert their practice from pay-for-procedure practice to a retainer-based practice (Brambila, 2006). New concierge practices have opened their doors in Ohio, Massachusetts, Virginia, Florida, Illinois, Texas, Maryland, California, Washington and Colorado (Sonn, 2006). Boutique medicine allows physicians to revamp the size of their practice of 25 patients a day in 15 minute intervals to six or seven patients a day each with an hour's attention to their medical care. Retainer fees buys the patient same-day appointments, in-person access as well as email and telephone contact to their doctors and no waiting rooms for this 24/7 availability (Sonn).

Garrison Bless, Seattle concierge physician, is the founder of the Society of Innovative Medical Practice Design (http://simpd.org/) believes that "an insurance-managed system saddles doctors with hundreds of patients to make the money they're accustomed to, spikes medical costs and leaves patients powerless. We decided that we'd stop working for the insurance companies and start working for the patients" (Brambila).

Tommy Thompson served as President Bush's secretary of health and human services until January 2005. Mr. Thompson chairs a committee on preventive medicine and he is also on staff with MDVIP, a Florida company who works with concierge medicine. When asked by members of Congress in 2002 regarding the government's view on concierge medicine and how it relates

to Medicare patients, his response was "it is not clear that such annual retainer agreements necessarily violate the law" and that "physician may proceed with agreements of this type," giving concierge physicians the government's "legal blessing." (Lazarus, 2006). Yet the American Medical Association determined in 2003 that concierge medicine raises "ethical concerns that warrant careful attention, particularity if retainer practices become so widespread as to threaten access to care." (Lazarus). Across the nation Medicare has "forbidden" patients from using its funds to pay up-front physician fees. Congress has considered prohibiting these doctors from contracting with Medicare but no laws have yet been signed. (Sonn)

Survey Methodology

The survey was designed to determine the need for a strategic system to reduce the anxiety of the elderly related to medical billing repayments. Secondly, it is to determine equitable fees for a service to handle the processing of insurance paperwork on behalf of the elderly. The questionnaire was formatted in a 5-point Likert scale model. A Likert scale uses questions that allow one to agree or disagree with the subject that is to be measured, each question with five choices in which to record the participant's opinion (Stangor, 2004). There were nineteen different respondents targeted to participate in the survey. The survey of sixteen questions were distributed to two local nursing homes-Life Care of Bothell and Agesis of Bothell; four retirement centers- Chateau at the Landing, Bothell, Madison House, Kirkland, Brittany Park, Woodinville, Creekside, Woodinville; three hospitals-Evergreen Hospital, Kirkland, Overlake Hospital, Bellevue, Northwest Hospital, Seattle; three senior centers-Bellevue, Bothell, and Bellevue, two individuals working in the medical community; AARP; SHIBA; Care Inc.; as well as two insurance companies-Group Health, and Blue Shield. The sample was chosen to offer a varied overview opinion from the medical industry. Surveys were personally delivered to ten participants of the target group, which completed the survey at that moment. Two businesses requested to have the forms left and to be picked up in a week. To date, they have not been completed for pick up. Email surveys were sent to three organizations in the target group; one completed the survey, one responded stating that it did not relate to her area of healthcare, and the third has yet to reply. One senior center said to not leave anything but instead to call back. When the respondent was called, the survey was completed over the phone. Phone calls to the other senior centers stated they had no one qualified to answer the questions. Another respondent not only returned the survey but also returned a pamphlet listing free insurance assistance, a 2005 booklet, *In-Home Service for Eastside Seniors*, as well

as a 240-page, 8 $^{1}/_{2}$ " by 11" glossy paperback titled *Choice Guide*, which is a comprehensive directory for seniors, printed annually by Choice Advisory Services, Inc. The other participant chosen for the survey has yet to respond.

At a recent Education and Job Fair at a local Technical College, there were seven healthcare vendors in participation-Lake View Gardens, Group Health, Visiting Nurse Service, Acute Care Inc., Family Resources, Seniors and EADS. All seven in attendance agreed to participate in the survey. Because the surveys were completed by employees who represented their healthcare companies in a different arena, their scores were tabulated together as a separate target group, labeled Group B. The data will reflect the original target group as Group A as well as the added Group B. The Target Group B survey forms were completed by a representative of their company at an Education and Job Fair where as the original group of people completed their forms at their place of employment. The seven surveys were collected from the vendors at the end of the fair. A copy of the survey form used for this research is found in the appendix of this document.

Data Analysis

Of the nineteen surveys given to the healthcare professionals in the target group, (Group A), twelve responded. This resulted in a 63.15% response rate. The graphs and charts are configured with the no response count along with the answered data. A second group of data, labeled Group B will be compared to the information provided by the original chosen target group. All seven surveys distributed at the Education and Job Fair completed the form giving Group B a 100% return.

The Group A tabulation includes those who declined to participate along with those who never responded.

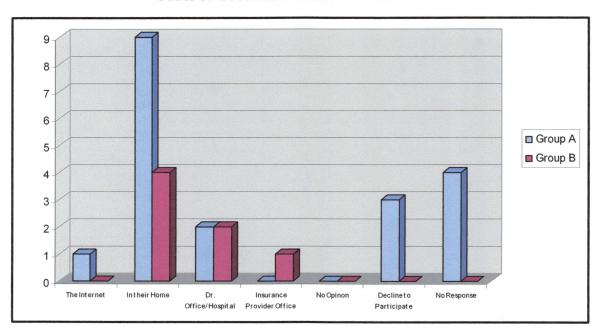


Table 1: Preferred Location of Service

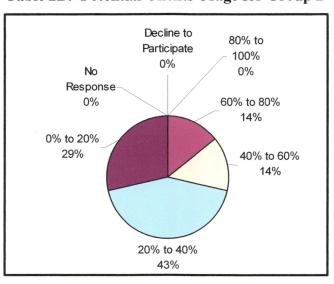
42% of the respondents from Group A indicated that the best location to offer service was at the clients' homes, followed by their physician's office or local hospital (see above graph). Group B chose the home as well by 57.14% followed by the same choice as Group A to be at the Dr's office/hospital. The next question asked was what percent of their client base they could see using such a service and what percent would be willing to pay for a billing assistance program.

In 21% of Group A, 20% to 40% of their clientele would use the service with 31% willing to pay for a fee, and only 16% of the 40% to 60% category would purchase the service. Only 14% of Group B fell into the 40%-60% range. The majority of this target group, 43%, thought that only 20% to 40% would use a medical billing assistance service with 53% not willing to pay for the convenience of such a service.

80% to 100% No 60% to 80% 5% Response 5% 21% 40% to 60% 21% Decline to Participate 16% 20% to 40% 11% 0% to 20% 21%

Table 2A: Potential Clients Usage for Group A



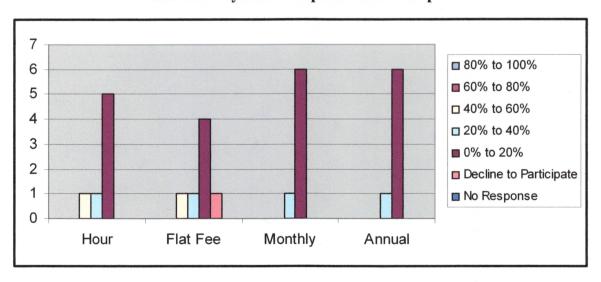


One respondent wrote that it would be the retired poor who would really benefit from such a program, and yet they are least able to afford payment.

8 7 ■ 80% to 100% 6 ■ 60% to 80% 5 □ 40% to 60% ■ 20% to 40% 4 ■ 0% to 20% 3 ■ Decline to Participate 2 ■ No Response 1 0 Flat Fee Monthly Annual Hour

Table 3A: Payment Comparison for Group A





A graph payment comparison chart indicates the preferred method of billing: by the hour, a flat fee per medical event, a monthly retainer, or a discounted retainer. The 20% to 40% frequency remained steady through each time period, dropping slightly for the monthly payment option.

40% of Group A would consider the payment options. Group B indicated that over 57% of their patient/clients would not be willing to pay for the service regardless of how it was billed.

Table 4A: Fee for Convenience for Group A

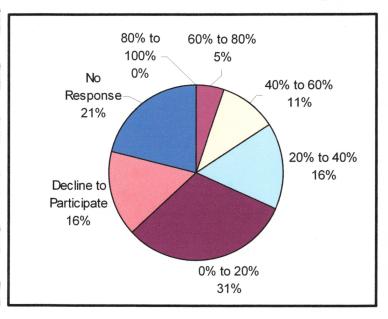
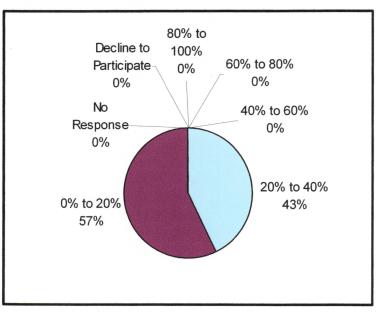


Table 4B: Fee for Convenience for Group B



The next question, "In your view, what is a fair and equitable hourly fee that a client would pay for MBAS?" both Group A and Group B indicated that the potential hourly fee indicated \$20 - \$30 per hour would be appropriate.

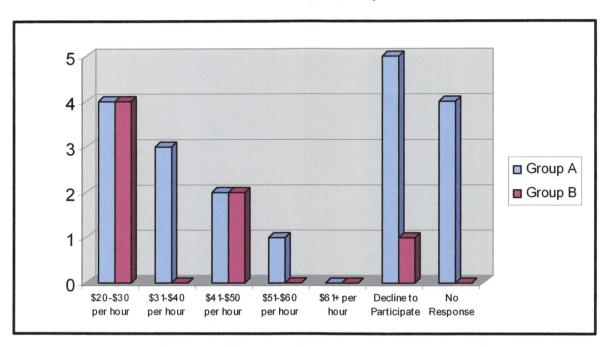
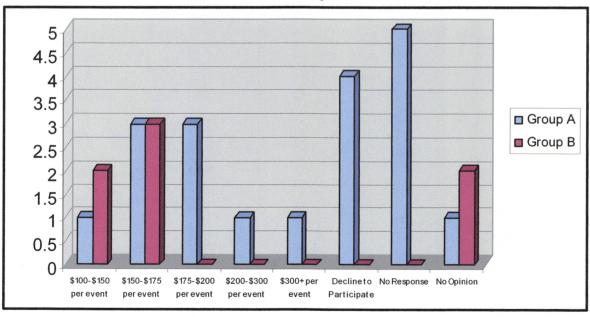


Table 5: Potential Hourly Fee





58% of both target groups indicated only 0% to 20% would pay a flat fee per major medical event. \$250 to \$350 per month is indicated by both groups in Table 7 to be equitable fee for a monthly retainer.

When asked what percentage of people would pay on a discounted annual retainer for this service, Group B marked the survey that 85% of their patient/clientele would not be will to pay for the service by this method. The results from this question regarding payment for this service on a discounted annual retainer may demonstrate to be more geared to the future baby boomer, a higher income population. The new model of hiring a physician on annual retainer, however, may also bring in the next wave of businesses to meet the need for medical billing assistance by retainer as well.

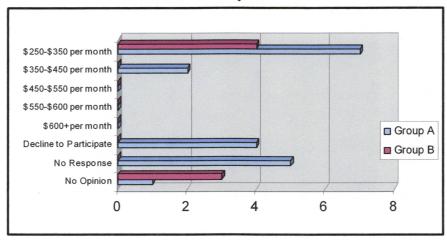
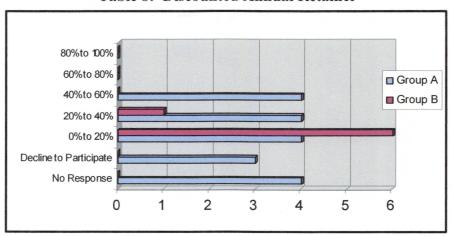


Table 7: Monthly Retainer Fee





50% of Group A indicated that there were no similar services at this time as well as 50% indicated that there were already businesses such as this in place. 43% of Group B thought that there were established programs available to assist in managing insurance claims and Medicare repayments but were unable to provide the name of the organization. Information was provided, however, from the respondent of one of the local hospitals, indicating there are many services available. References of several of these agencies are mentioned in the Literature Review section of this document.

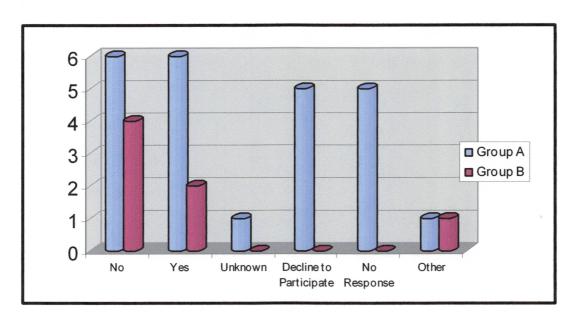


Table 9: Is Service Already Available?

Target Group A was split on the need of requiring a medical assistance billing service to be under some sort of governing umbrella. Employees of the vendors in Target Group B recorded a strong 86% that the billing service in the survey should not be regulated.

Several respondents included subjective comments regarding the issue of regulation and a medical billing service such as MBAS. A respondent indicated that the Federal government would want to oversee a medical assistance billing service designed to serve clients nationwide due to Medicare qualifications. He also felt that the State Insurance Commissioner would want to get involved since the business revolves around individuals and insurance. His comments also included that Medical Associations would want to be part of the regulation process to collect any tax money. His final input was the Insurance Providers concerns about information shared and the HIPPA laws protecting the individual's privacy.

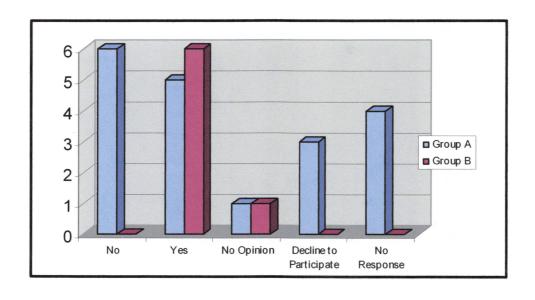


Table 10: Should the MBAS be Regulated?

A nursing home director stated that once the patient checks into their facility, there are no major medical events, instead their medical care is ongoing. She commented that it is difficult getting collecting their month bill, much less pay for the type of service mentioned in the survey. This would support the opinion of Group B that 57% would not be willing to pay for service company to help them with their medical billing paperwork. The respondents of Group B provide care for the elderly with advanced medical needs and limited funds.

An observation made by a respondent felt the questions' answers would be different for baby boomer aged individuals than for their current patient clientele. She also felt that if this were to be a serious business and to get a true feel for a business survey, the questions should be directed to the potential individual users of the service.

Recommendations

And

Conclusions

This survey demonstrates that both groups see that a Medical Bill Assistance Service would be highly beneficial, with Group A at 85% and Group B at 42% with almost 30% feeling it is only moderately beneficial. A respondent to the survey strongly urged the importance of interviewing the individuals that would be

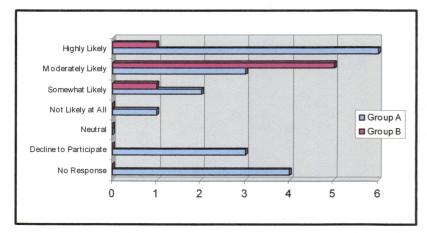
directly using the medical bill assistance service. For a business to succeed, it must meet the needs of a particular sector of people.

Highly Beneficial
Moderately Beneficial
Somewhat Beneficial
Not Beneficial at All
No Opinion
Decline to Participate
No Response

0 1 2 3 4 5 6

Table 11: Is it Beneficial?

Table 12: Future Need for Baby Boomers



86% of Target Group A also

indicated the need for some sort of medical billing service will increase as the baby boomer matures. 71% of Target Group B, indicated that this service will only moderately likely increase. Again, Group B is

comprised of vendors who mainly provide care for the medically dependant individual, whereas Group A works with a more diverse age and broader range of medical care needs of the various income levels including the baby boomers.

To offer a business service such as MBAS, marketing is a key issue. A director of a nursing home said that she would definitely have available a brochure to any family members who asked about this type of program, as she didn't know of any similar businesses. Yet again, this is a major marketing error on the part of these types of businesses similar to those listed in the Choice Guide Directory on page 74. To have so respond to the survey that there aren't other similar businesses is a missed opportunity of those vendors.

Conclusion -

Offering a business service to the elderly to help reduce their anxiety in the processing of their medical paperwork and rebilling needs is an excellent idea and with very limited competition. However, it is not a lucrative one. The current older generation has lived through our country's hard financial times and many view new ideas and services through frugal lenses. Included in one's budget for a housecleaner, cook, or gardener has been an accepted expense of the elite by many over the years. It has just been of recent years to hire help with errands, on-line grocery shopping, and dog sitting. These services are have been enjoyed by the upper middle class-this now being the baby boomer generation and younger. At best, it would be the older patient's adult children who would see the value in hiring an outside business to assist them in the process and sorting of the many pages of explanation of benefits paperwork and the filing of missing documents.

SHIBA and the other government programs listed in the literature review section of this paper are valuable tools to our senior populace but are not marketed to the mass population. Better publicity is necessary. Marketing to the home setting for the client location would be a key factor in the success of this program. The better market is the 40-65 year old who may already be

outsourcing the "back of the house" facet of their lives such as house cleaning, errands, shopping, scheduling play dates for their pets, and taking the family canine to doggie daycare. A medical billing assistance business could partner with an insurance company – as an outsourcing customer service to their subscribers. This type of business could also partner with eldercare attorneys, CPA's, and other professionals who serve the older community.

• If a similar survey were prepared again, it may be better received by the target group if the name at the top of the page did not sound like an established business. Several respondents first thought that a current business company was trying to sell them a product; the name in the heading was confusing and misleading to the reader.

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Appendix

Medical Bill	Assistance	Service	(MBAS)
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The current reality:	
When a medical emergency or event takes place, there are ordinarily reams of paperwork which	h follow. Bills
arrive from the hospital, the radiologist, the anesthesiologist, the medical specialist, the ER atte	nding physician,
and on and on. Many times it is the patient that handles the mail and is overwhelmed with all of	of the details of
the processing of information. In your view, is there a need for quick, accurate and streamling	ed processing to
solve the problem stated above?	

My name is Pamela Renn and I am a Masters of Business Administration graduate student at Northwest University in Kirkland, WA. I am conducting a mini case study to determine strategies to reduce anxiety among the elderly regarding medical bill repayments.

May I have few minutes of your time to complete the following 16 question survey?

Your input is essential to my research project and
critical to the balance of the statistics established from my survey.

1.	How beneficial is a MBAS program that reduces anxiety in the elderly regarding medical repayments ? \Box highly beneficial \Box moderately beneficial \Box somewhat beneficial \Box not beneficial at all \Box no opinion
2.	Do you see this need increasing more as the baby boomer matures? \Box highly likely \Box moderately likely \Box somewhat likely \Box not likely at all \Box neutral
3.	In your view, which location would clients prefer to use a MBAS? ☐ the internet ☐ in their home ☐ Dr office/hospital ☐ insurance provider office ☐ no opinion
4.	What percentage of your patients/clients do you see using such a service? \square 80% to 100% \square 60% to 80% \square 40% to 60% \square 20% to 40% \square 0% to 20%
5.	What percentage of your patients/clients would be willing to pay for the convenience of MBAS? □ 80% to 100% □ 60% to 80% □ 40% to 60% □ 20% to 40% □ 0% to 20%
6.	What percentage of your patients/clients would be willing to pay for the service by the hour? \square 80% to 100% \square 60% to 80% \square 40% to 60% \square 20% to 40% \square 0% to 20%
7.	In your view, what is a fair and equitable hourly fee that a client would pay for MBAS? □ \$20-\$30 per hour □ \$31-\$40 per hour □ \$41-\$50 per hour □ \$51-\$60 per hour □\$61+ per hour
8.	What percentage of your patients/clients would be willing to pay a flat fee for a major medical event? \square 80% to 100% \square 60% to 80% \square 40% to 60% \square 20% to 40% \square 0% to 20%
9.	What would be a fair and equitable flat fee to reduce anxiety of the patient in a major medical event? □ \$100-\$150 per event □ \$150 -\$175 □ \$175 - \$200 □ \$200 -\$300 □ \$300+ per major event
10	. What percentage of your patients/clients would be willing to pay for the service by monthly retainer? □ 80% to 100% □ 60% to 80% □ 40% to 60% □ 20% to 40% □ 0% to 20%

11. In your view, what would be a fair monthly retainer to handle all insurance paperwork? □ \$250-\$350 per month □ \$350-\$450 □ \$450 - \$550 □ \$550-600 □ \$600+ per month				
13. What percentage of your patients/clients would be willing to pay as a discounted annual retainer? \square 80% to 100% \square 60% to 80% \square 40% to 60% \square 20% to 40% \square 0% to 20%				
14. In your view, what would be a fair fee for a discounted annual retainer? □\$2,500-\$3,500 per year □\$3,500 -\$4,500 □\$4,500 -\$5,500 □\$5,500 -\$6,000 □\$6,000+per year				
15. To your knowledge, is a service already available to manage insurance claims and Medicare repayments? □ No □ If yes, name of organization(s)				
16. In your view, should MBAS be regulated? □ No □ If yes, which of the following entities - □ federal □ state insurance commissioner □ medical association □ insurance provider				
☐ Please check the box if you would like a copy of the compiled research by fax, email, or mail. Business name Fax Address Email				
This concludes my research survey. Thank you so much for your time and information.				
Pamela Renn, MBA student Northwest University, 425.889.7789				
The above information will be considered confidential and your business name will not be shared				